

Fill in this information to identify your case:

Debtor 1	Charles J. Kogut		
	First Name	Middle Name	Last Name
Debtor 2	Edie M. Kogut		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF PENNSYLVANIA		
Case number (if known)	17-10335		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets
		Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 0.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 35,234.23
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 35,234.23

Part 2: Summarize Your Liabilities

		Your liabilities
		Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 26,595.32
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 14,773.90
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 177,612.97
		Your total liabilities \$ 218,982.19

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 5,767.62
5.	Schedule J: Your Expenses (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 5,433.50

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**Case number (if known) **17-10335**

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ **8,644.98**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 14,773.90
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 75,547.72
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 90,321.62

Fill in this information to identify your case and this filing:

Debtor 1	Charles J. Kogut		
	First Name	Middle Name	Last Name
Debtor 2	Edie M. Kogut		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA			
Case number	17-10335		

Check if this is an amended filing

Official Form 106A/B**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

No. Go to Part 2.
 Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1 Make: **Jeep**
 Model: **Liberty**
 Year: **2003**
 Approximate mileage: **93000**

Other information:

vehicle is joint with Debtor's mother in good condition**Who has an interest in the property? Check one**

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$3,120.00 \$3,120.00

3.2 Make: **Chevrolet**
 Model: **Impala**
 Year: **2004**
 Approximate mileage: **138011**

Other information:

good condition**Who has an interest in the property? Check one**

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$5,000.00 \$5,000.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

Debtor 1 Charles J. Kogut
Debtor 2 Edie M. Kogut

Case number (if known) 17-10335

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$8,120.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

 No Yes. Describe.....**Living Room: Couch, Chair, Lamp****Dining Room: Table, 6 chairs, china closet****Bedrooms: Bed, dresser, chest of drawers, lamp****Kitchen: Deep freezer, washing machine, dryer, dishes and cookware****Other rooms: Vacuum cleaner, 3 air conditioners, misc hand tools, power tools, 2 lawn mowers****\$2,694.00****7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No Yes. Describe.....**camera, computer, 4 televisions, vcr/dvd player****\$1,500.00****8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.....**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe.....**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....**usual items not worth more than \$300.00 aggregate in value of
\$4,000.00****\$4,000.00**

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known) **17-10335**

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

Jewelry	\$500.00
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13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

Cat and Dog	\$0.00
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14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$8,694.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?
Do not deduct secured claims or exemptions.**

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

17.1. Checking	Wells Fargo	\$1,157.17
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17.2. Savings	Wells Fargo	\$57.00
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17.3. Checking	Wells Fargo	\$498.21
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17.4. Savings	Wells Fargo	\$6.00
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18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture	Schedule A/B: Property	page 3
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Debtor 1 **Charles J. Kogut**
 Debtor 2 **Edie M. Kogut**

Case number (if known) **17-10335**

Yes. Give specific information about them.....
 Name of entity:

% of ownership:

Shingle Shiners LLC - No longer operating	100%	%	\$0.00
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20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account: Institution name:

Pension Plan	Vanguard	\$8,486.37
---------------------	-----------------	-------------------

401 (k)	Fidelity	\$5,587.39
----------------	-----------------	-------------------

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.

Institution name or individual:

Rent	Landlord	\$1,100.00
-------------	-----------------	-------------------

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

Debtor 1 **Charles J. Kogut**
 Debtor 2 **Edie M. Kogut**

Case number (if known) **17-10335**

28. Tax refunds owed to you

No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No
 Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No
 Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No
 Yes. Name the insurance company of each policy and list its value.

Company name:	Beneficiary:	Surrender or refund value:
Husband Term	spouse	\$0.00
Wife Term Life	spouse	\$0.00
Wage Works - HSA	Self	\$1,500.00
FSA	self	\$28.09

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No
 Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$18,420.23

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**Case number (if known) **17-10335** Yes. Go to line 38.**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information.....**54. Add the dollar value of all of your entries from Part 7. Write that number here****\$0.00****Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2	\$0.00
56. Part 2: Total vehicles, line 5	\$8,120.00
57. Part 3: Total personal and household items, line 15	\$8,694.00
58. Part 4: Total financial assets, line 36	\$18,420.23
59. Part 5: Total business-related property, line 45	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54	\$0.00
62. Total personal property. Add lines 56 through 61...	\$35,234.23
	Copy personal property total \$35,234.23
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$35,234.23

Fill in this information to identify your case:

Debtor 1	Charles J. Kogut		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Edie M. Kogut		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF PENNSYLVANIA		
Case number (if known)	17-10335		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
2003 Jeep Liberty 93000 miles vehicle is joint with Debtor's mother in good condition Line from <i>Schedule A/B</i> : 3.1	\$3,120.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
2004 Chevrolet Impala 138011 miles good condition Line from <i>Schedule A/B</i> : 3.2	\$5,000.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
Living Room: Couch, Chair, Lamp	\$2,694.00	<input checked="" type="checkbox"/> \$2,694.00	11 U.S.C. § 522(d)(3)
Dining Room: Table, 6 chairs, china closet		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Bedrooms: Bed, dresser, chest of drawers, lamp			
Kitchen: Deep freezer, washing machine, dryer, dishes and cookware			
Other rooms: Vacuum cleaner, 3 air conditioners, misc h Line from <i>Schedule A/B</i> : 6.1			

Debtor 1 Charles J. Kogut
Debtor 2 Edie M. Kogut

Case number (if known)

17-10335

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
camera, computer, 4 televisions, vcr/dvd player Line from Schedule A/B: 7.1	<u>\$1,500.00</u>	<input checked="" type="checkbox"/> \$1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
usual items not worth more than \$300.00 aggregate in value of \$4,000.00 Line from Schedule A/B: 11.1	<u>\$4,000.00</u>	<input checked="" type="checkbox"/> \$4,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Jewelry Line from Schedule A/B: 12.1	<u>\$500.00</u>	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Cat and Dog Line from Schedule A/B: 13.1	<u>\$0.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Checking: Wells Fargo Line from Schedule A/B: 17.1	<u>\$1,157.17</u>	<input checked="" type="checkbox"/> \$1,157.17 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Savings: Wells Fargo Line from Schedule A/B: 17.2	<u>\$57.00</u>	<input checked="" type="checkbox"/> \$57.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Checking: Wells Fargo Line from Schedule A/B: 17.3	<u>\$498.21</u>	<input checked="" type="checkbox"/> \$498.21 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Shingle Shiners LLC - No longer operating 100% Line from Schedule A/B: 19.1	<u>\$0.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Pension Plan: Vanguard Line from Schedule A/B: 21.1	<u>\$8,486.37</u>	<input checked="" type="checkbox"/> \$8,486.37 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
401 (k): Fidelity Line from Schedule A/B: 21.2	<u>\$5,587.39</u>	<input checked="" type="checkbox"/> \$5,587.39 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(10)(E)
Rent: Landlord Line from Schedule A/B: 22.1	<u>\$1,100.00</u>	<input checked="" type="checkbox"/> \$1,100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Debtor 1 Charles J. Kogut
Debtor 2 Edie M. Kogut

Case number (if known)

17-10335

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Husband Term Beneficiary: spouse Line from <i>Schedule A/B</i> : 31.1	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(7)
Husband Term Beneficiary: spouse Line from <i>Schedule A/B</i> : 31.1	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(11)(C)
Wife Term Life Beneficiary: spouse Line from <i>Schedule A/B</i> : 31.2	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(7)
Wife Term Life Beneficiary: spouse Line from <i>Schedule A/B</i> : 31.2	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(11)(C)
Wage Works - HSA Beneficiary: Self Line from <i>Schedule A/B</i> : 31.3	\$1,500.00	<input checked="" type="checkbox"/> \$1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
FSA Beneficiary: self Line from <i>Schedule A/B</i> : 31.4	\$28.09	<input checked="" type="checkbox"/> \$28.09 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Fill in this information to identify your case:

Debtor 1	Charles J. Kogut		
	First Name	Middle Name	Last Name
Debtor 2	Edie M. Kogut		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF PENNSYLVANIA		
Case number (if known)	17-10335		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 EZ Rent a car Inc.

Creditor's Name

**1578 West Market Street
Pottsville, PA 17901**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Describe the property that secures the claim:

**2004 Chevrolet Impala 138011 miles
good condition**

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
\$11,170.43	\$5,000.00	\$6,170.43

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) **Auto Loan**

Date debt was incurred **1/2017**

Last 4 digits of account number _____

2.2 Santander Consumer USA Inc.

Creditor's Name

**Attention: Bankruptcy Dept.
PO BOX 560284
Dallas, TX 75356-0284**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Describe the property that secures the claim:

**2003 Jeep Liberty 93000 miles
vehicle is joint with Debtor's mother
in good condition**

\$15,424.89

\$3,120.00

\$12,304.89

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) **Automobile Loan**

Date debt was incurred **1/2015**Last 4 digits of account number **2343**

Debtor 1 **Charles J. Kogut**

Case number (if known)

17-10335

First Name Middle Name Last Name

Debtor 2 **Edie M. Kogut**

First Name Middle Name Last Name

Add the dollar value of your entries in Column A on this page. Write that number here:

\$26,595.32

If this is the last page of your form, add the dollar value totals from all pages.

\$26,595.32

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	Charles J. Kogut		
	First Name	Middle Name	Last Name
Debtor 2	Edie M. Kogut		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF PENNSYLVANIA		
Case number (if known)	17-10335		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Berks County Adult Probation & Parol Off Priority Creditor's Name Berks County Services Center 633 Court Street, 7th Floor Reading, PA 19601 Number Street City State Zip Code	Last 4 digits of account number 9841	\$1,999.52	\$1,999.52 \$0.00
Who incurred the debt? Check one.	When was the debt incurred? 2001		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Restitution/Fines/Fees		

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335**2.2 Berks County Adult Probation & Parol Off**

Priority Creditor's Name

**Berks County Services Center
633 Court Street, 7th Floor
Reading, PA 19601**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **9862** **\$1,400.00** **\$1,400.00** **\$0.00**When was the debt incurred? **2001****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Restitution/Fines/Fees**2.3 Berks County Adult Probation & Parol Off**

Priority Creditor's Name

**Berks County Services Center
633 Court Street, 7th Floor
Reading, PA 19601**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **Unknown** **\$0.00** **\$0.00**When was the debt incurred? **1994-2016****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Restitution/Fines/Fees**2.4 Department of Treasury - IRS**

Priority Creditor's Name

**PO BOX 7346
Philadelphia, PA 19101-7346**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **0818** **\$5,657.00** **\$0.00** **\$5,657.00**When was the debt incurred? **2015****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Personal Income Tax

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

2.5	Department of Treasury - IRS Priority Creditor's Name PO BOX 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number 0818	\$ 4,271.00	\$ 4,271.00	\$ 0.00
	Who incurred the debt? Check one.	When was the debt incurred? 2014			
	<input type="checkbox"/> Debtor 1 only	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Contingent			
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> Check if this claim is for a community debt	Type of PRIORITY unsecured claim:			
	<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Domestic support obligations			
	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government			
	<input type="checkbox"/> Yes	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
		<input type="checkbox"/> Other. Specify _____	Personal Income Tax		
2.6	G.H. Harris Associates Inc. Priority Creditor's Name PO BOX 216 Dallas, PA 18612 Number Street City State Zip Code	Last 4 digits of account number 6087	\$ 76.30	\$ 76.30	\$ 0.00
	Who incurred the debt? Check one.	When was the debt incurred? 2015			
	<input type="checkbox"/> Debtor 1 only	As of the date you file, the claim is: Check all that apply			
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> Check if this claim is for a community debt	Type of PRIORITY unsecured claim:			
	<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Domestic support obligations			
	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government			
	<input type="checkbox"/> Yes	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
		<input type="checkbox"/> Other. Specify _____	2015 Per Capita Tax		
2.7	GH Harris Associates Inc. Priority Creditor's Name PO BOX 216 Dallas, PA 18612 Number Street City State Zip Code	Last 4 digits of account number 7119	\$ 159.60	\$ 0.00	\$ 159.60
	Who incurred the debt? Check one.	When was the debt incurred? 2011, 2012 & 2015			
	<input checked="" type="checkbox"/> Debtor 1 only	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> Check if this claim is for a community debt	Type of PRIORITY unsecured claim:			
	<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Domestic support obligations			
	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government			
	<input type="checkbox"/> Yes	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
		<input type="checkbox"/> Other. Specify _____	Per Capita Tax		

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

2.8	Pa Department of Revenue Priority Creditor's Name Bankruptcy Division P.O.Box 280946 Harrisburg, PA 17128-0946 Number Street City State Zip Code	Last 4 digits of account number 0818	\$399.00	\$399.00	\$0.00
		When was the debt incurred? 2015			
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
		Personal Income Tax			
		Last 4 digits of account number 0818	\$811.48	\$811.48	\$0.00
		When was the debt incurred? 2014			
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
		Personal Income Tax			

2.9	Pa Department of Revenue Priority Creditor's Name Bankruptcy Division P.O.Box 280946 Harrisburg, PA 17128-0946 Number Street City State Zip Code	Last 4 digits of account number 0818	\$811.48	\$811.48	\$0.00
		When was the debt incurred? 2014			
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
		Personal Income Tax			

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.1	ABC Nonpriority Creditor's Name 2591 Centre Avenue Reading, PA 19605 Number Street City State Zip Code	Last 4 digits of account number _____	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? _____	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Other. Specify Unsecured - Trade Debt	
	<input type="checkbox"/> Yes		
4.2	Acceptance Now Nonpriority Creditor's Name 5501 Headquarters Plano, TX 75024 Number Street City State Zip Code	Last 4 digits of account number 1140	\$2,542.00
	Who incurred the debt? Check one.	When was the debt incurred? 2/2015	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Other. Specify Rental Agreement	
4.3	AT&T Mobility Nonpriority Creditor's Name P.O. Box 537104 Atlanta, GA 30353-7104 Number Street City State Zip Code	Last 4 digits of account number 5333	\$651.00
	Who incurred the debt? Check one.	When was the debt incurred? 8/2012	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Other. Specify Past Due Utility	

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335**4.4****AT&T Mobility**

Nonpriority Creditor's Name

**P.O. Box 537104
Atlanta, GA 30353-7104**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

0613**\$289.63**

When was the debt incurred?

2016**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Past due utility bill**

4.5**Bank of America**

Nonpriority Creditor's Name

**P.O. Box 15716
Wilmington, DE 19886-5716**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$200.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Overdraft Fees**

4.6**Capital One Bank USA NA**

Nonpriority Creditor's Name

**PO BOX 30281
Salt Lake City, UT 84130**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

3736**\$1,477.50**

When was the debt incurred?

12/2013**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Credit Card**

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335**4.7****Capital ONE Bank USA NA**

Nonpriority Creditor's Name

**PO BOX 30281
Salt Lake City, UT 84130**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

4424**\$509.23**

When was the debt incurred?

12/2013**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card**

4.8**Cardiology Assoc. West Reading**

Nonpriority Creditor's Name

**301 South 7th Avenue
Suite 2020****West Reading, PA 19611**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

1055**\$640.00**

When was the debt incurred?

2012**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Bill**

4.9**Cardiology Associates of West**

Nonpriority Creditor's Name

**Doctor's Office Building, Suite 2020
301 S. Seventh Avenue
Reading, PA 19611**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

1126**\$605.00**

When was the debt incurred?

2013**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Bill**

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.1 0	Citizens Bank Nonpriority Creditor's Name PO BOX 7000 ROP 450 Providence, RI 02940 Number Street City State Zip Code	Last 4 digits of account number 4145	\$ 864.76
Who incurred the debt? Check one.		When was the debt incurred? 4/2013	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Overdraft Business Bank Account	
Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
4.1 1	CNAC-PA108 Nonpriority Creditor's Name 601 State Rd Emmaus, PA 18049 Number Street City State Zip Code	Last 4 digits of account number 1152	\$ 2,316.00
Who incurred the debt? Check one.		When was the debt incurred? 2013	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charged off Loan re Car Repossessed	
Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
4.1 2	Craig & Beverly Stoudt Nonpriority Creditor's Name 24 Crosskey Rd Bernville, PA 19506 Number Street City State Zip Code	Last 4 digits of account number	\$ 0.00
Who incurred the debt? Check one.		When was the debt incurred? 8/2016	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Broken Rental Agreement re Bernville Property	
Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

**4.1
3**

Delaware Valley Anesthesia Assoc Nonpriority Creditor's Name PO BOX 606 Langhorne, PA 19047-0606 Number Street City State Zip Code	Last 4 digits of account number 3417	\$ 2,940.00
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill		

**4.1
4**

Department of Labor Nonpriority Creditor's Name Occupational Safety & Health FPB N3419 200 Constitution Ave NW Washington, DC 20210 Number Street City State Zip Code	Last 4 digits of account number 0908	\$ 2,270.70
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured		

**4.1
5**

Department of Labor Nonpriority Creditor's Name Occupation Safety and Health Admin. FPB N3419 200 Constitution Ave NW Washington, DC 20210 Number Street City State Zip Code	Last 4 digits of account number 5487	\$ 2,248.60
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured		

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.1 6	Department of Treasury - IRS Nonpriority Creditor's Name PO BOX 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number 0111	\$1,233.84
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Income Tax			
4.1 7	Department of Treasury - IRS Nonpriority Creditor's Name PO BOX 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number 0111	\$5,235.23
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal income tax			
4.1 8	Dept of Ed/Navient Nonpriority Creditor's Name PO BOX 9635 Wilkes Barre, PA 18773 Number Street City State Zip Code	Last 4 digits of account number 5797	\$75,547.72
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Student Loan			

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.1 9	<p>Edith Moyer Nonpriority Creditor's Name 12 Montrose Blvd. Reading, PA 19607 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Potential Co-Debtor Liability</p>	Last 4 digits of account number \$0.00
<hr/> <p>4.2 0</p> <p>Emergency Phy Assoc of PA PC Nonpriority Creditor's Name 3585 Ridge Park Drive Akron, OH 44333-8203 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Bill</p>		Last 4 digits of account number 7011 \$597.00 When was the debt incurred? 9/2016
<hr/> <p>4.2 1</p> <p>Emergency Phy Assoc of PA, PC Nonpriority Creditor's Name P.O. Box 740021 Cincinnati, OH 45274-0021 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Bill</p>		Last 4 digits of account number 7401 \$1,117.00 When was the debt incurred? 2014

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.2 2	First National Bank Nonpriority Creditor's Name fka Metro Bank One F.N.B. Boulevard Legal Department Hermitage, PA 16148 Number Street City State Zip Code	Last 4 digits of account number 7456	\$48.00
	Who incurred the debt? Check one.	When was the debt incurred? 2014	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<input checked="" type="checkbox"/> Other. Specify Overdraft Banking	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.2 3	Fisher Rental Nonpriority Creditor's Name 2698 Bernville Road Reading, PA 19605 Number Street City State Zip Code	Last 4 digits of account number	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred?	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<input checked="" type="checkbox"/> Other. Specify Unsecured - Trade Debt	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.2 4	Fox Chase Cancer Center Nonpriority Creditor's Name PO BOX 824649 Philadelphia, PA 19182-4649 Number Street City State Zip Code	Last 4 digits of account number 9903	\$25.00
	Who incurred the debt? Check one.	When was the debt incurred? 2016	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<input checked="" type="checkbox"/> Other. Specify Medical Bill	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.2 5	Fox Chase Cancer Center Nonpriority Creditor's Name PO BOX 827200 Philadelphia, PA 19182 Number Street City State Zip Code	Last 4 digits of account number 2378 When was the debt incurred? 7/6/2016 As of the date you file, the claim is: Check all that apply	\$450.23
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			
4.2 6	Green Hills Family Medical Nonpriority Creditor's Name 1903 Morgantown Road Reading, PA 19607 Number Street City State Zip Code	Last 4 digits of account number 2529 When was the debt incurred? 2011 As of the date you file, the claim is: Check all that apply	\$56.00
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			
4.2 7	Gurski & D'Agostino Family Dentistry Nonpriority Creditor's Name 601 E. Lancaster Ave Reading, PA 19607 Number Street City State Zip Code	Last 4 digits of account number 6057 When was the debt incurred? 2011 As of the date you file, the claim is: Check all that apply	\$2,908.00
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.2 8	JD Byrider Nonpriority Creditor's Name 2261 Lancaster Pike Reading, PA 19607 Number Street City State Zip Code	Last 4 digits of account number 4284	\$3,000.12
	Who incurred the debt? Check one.	When was the debt incurred? 2/2015	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Unsecured - Installment Contract	
4.2 9	JM Winston Radiology Nonpriority Creditor's Name 415 Reading Avenue P.O. Box 5829 Reading, PA 19610 Number Street City State Zip Code	Last 4 digits of account number 3308	\$79.00
	Who incurred the debt? Check one.	When was the debt incurred? 2014	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Medical Bill	
4.3 0	Kapp Advertising Service Nonpriority Creditor's Name PO BOX 840 Lebanon, PA 17042 Number Street City State Zip Code	Last 4 digits of account number 7232	\$207.90
	Who incurred the debt? Check one.	When was the debt incurred? 4/30/2014	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Trade Debt - Advertising	

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-103354.3
1**Keystone Orthopaedic Specialists****LLC**

Nonpriority Creditor's Name

ATTN #920 2K**PO BOX 1400****Belfast, ME 04915-4033**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

2277**\$426.38**

When was the debt incurred?

9/28/2016**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Bill**

4.3
2**Lamar Advertising Company**

Nonpriority Creditor's Name

5321 Corporate Blvd.**Baton Rouge, LA 70808**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$300.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Trade Debt - Business Advertising**

4.3
3**Lehigh Valley Hospital**

Nonpriority Creditor's Name

181 E. Brown St.**East Stroudsburg, PA 18301**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Bill**

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-103354.3
4**Medical Payment Data**

Nonpriority Creditor's Name

**2001 9th Avenue Suite 312
Vero Beach, FL 32960**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

1055**\$640.00**

When was the debt incurred?

2012

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Bill**

4.3
5**Medical Payment Data**

Nonpriority Creditor's Name

**2001 9th Avenue Suite 312
Vero Beach, FL 32960**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

1126**\$605.00**

When was the debt incurred?

2013

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Bill**

4.3
6**Met-Ed**

Nonpriority Creditor's Name

**P.O. Box 3687
Akron, OH 44309-3687**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

1772**\$2,444.19**

When was the debt incurred?

2016-2017

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Past Due Utility**

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-103354.3
7**Patient First**

Nonpriority Creditor's Name

**PO BOX 758941
Baltimore, MD 21275-8941**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

5456**\$105.56**

When was the debt incurred?

10/2016

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Medical Bill4.3
8**PPL Electric Utilities**

Nonpriority Creditor's Name

**P.O. Box 25239
Lehigh Valley, PA 18002-5239**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Unsecured4.3
9**RACC**

Nonpriority Creditor's Name

**10 South Second Street
Reading, PA 19603**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$1,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Student Loan

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.4 0	Rack/Gunhunter Nonpriority Creditor's Name PO BOX 244022 Montgomery, AL 36124-4022 Number Street City State Zip Code	Last 4 digits of account number 7041	\$104.90
	Who incurred the debt? Check one.	When was the debt incurred? 2016	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Is the claim subject to offset?	Type of NONPRIORITY unsecured claim:	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured - Magazine Subscription	

4.4 1	Reading Health System Nonpriority Creditor's Name PO Box 16052 Reading, PA 19612-6052 Number Street City State Zip Code	Last 4 digits of account number 3100	\$675.00
	Who incurred the debt? Check one.	When was the debt incurred? 2015	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Is the claim subject to offset?	Type of NONPRIORITY unsecured claim:	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	

4.4 2	Reading Health System Nonpriority Creditor's Name P.O. Box 70894 Philadelphia, PA 19176-5894 Number Street City State Zip Code	Last 4 digits of account number 3045	\$57.00
	Who incurred the debt? Check one.	When was the debt incurred? 2015	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Is the claim subject to offset?	Type of NONPRIORITY unsecured claim:	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.4 3	Reading Health System Nonpriority Creditor's Name P.O. Box 16052 Reading, PA 19612-6052 Number Street City State Zip Code	Last 4 digits of account number 3045	\$150.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			
<hr/>			
4.4 4	Reading Health System Nonpriority Creditor's Name P.O. Box 16052 Reading, PA 19612-6052 Number Street City State Zip Code	Last 4 digits of account number 2878	\$79.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			
<hr/>			
4.4 5	Reading Health System Nonpriority Creditor's Name P.O. Box 16052 Reading, PA 19612-6052 Number Street City State Zip Code	Last 4 digits of account number 2880	\$234.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.4 6	Reading Health System Nonpriority Creditor's Name P.O. Box 16052 Reading, PA 19612-6052 Number Street City State Zip Code	Last 4 digits of account number 2882	\$287.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			
<hr/> 4.4 7			
Reading Health System Nonpriority Creditor's Name P.O. Box 16052 Reading, PA 19612-6052 Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			
<hr/> 4.4 8			
Reading Health System Nonpriority Creditor's Name P.O. Box 70894 Philadelphia, PA 19176-5894 Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

**4.4
9**

Reading Health System Nonpriority Creditor's Name P.O. Box 16052 Reading, PA 19612-6052 Number Street City State Zip Code	Last 4 digits of account number 1069	\$ 708.00
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Student loans		
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify Medical Bill		

**4.5
0**

Reading Health System Nonpriority Creditor's Name P.O. Box 16052 Reading, PA 19612-6052 Number Street City State Zip Code	Last 4 digits of account number 7480	\$ 1,361.00
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Student loans		
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify Medical Bill		

**4.5
1**

Reading Health System Nonpriority Creditor's Name P.O. Box 70894 Philadelphia, PA 19176-5894 Number Street City State Zip Code	Last 4 digits of account number 2265	\$ 1,117.00
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Student loans		
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify Medical Bill		

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.5 2 Reading Health System Nonpriority Creditor's Name P.O. Box 70894 Philadelphia, PA 19176-5894 Number Street City State Zip Code	Last 4 digits of account number 3434 When was the debt incurred? 2014 As of the date you file, the claim is: Check all that apply	\$139.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Medical Bill</p>		

4.5 3 Reading Health System Nonpriority Creditor's Name P.O. Box 16052 Reading, PA 19612-6052 Number Street City State Zip Code	Last 4 digits of account number 3969 When was the debt incurred? 2014 As of the date you file, the claim is: Check all that apply	\$1,345.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Medical Bill</p>		

4.5 4 Reading Health System Nonpriority Creditor's Name P.O. Box 70894 Philadelphia, PA 19176-5894 Number Street City State Zip Code	Last 4 digits of account number 9356 When was the debt incurred? 2014 As of the date you file, the claim is: Check all that apply	\$7,561.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Medical Bill</p>		

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

**4.5
5**

Reading Health System Nonpriority Creditor's Name P.O. Box 70894 Philadelphia, PA 19176-5894 Number Street City State Zip Code	Last 4 digits of account number 6080	\$139.00
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
As of the date you file, the claim is: Check all that apply		
Is the claim subject to offset?	<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify Medical Bill	

**4.5
6**

Reading Health System Nonpriority Creditor's Name P.O. Box 70894 Philadelphia, PA 19176-5894 Number Street City State Zip Code	Last 4 digits of account number 4549	\$2,122.00
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
As of the date you file, the claim is: Check all that apply		
Is the claim subject to offset?	<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify Medical Bill	

**4.5
7**

Reading Health System Nonpriority Creditor's Name P.O. Box 70894 Philadelphia, PA 19176-5894 Number Street City State Zip Code	Last 4 digits of account number 1360	\$696.00
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
As of the date you file, the claim is: Check all that apply		
Is the claim subject to offset?	<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify Medical Bill	

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.5
8

Reading Health System Nonpriority Creditor's Name P.O. Box 16052 Reading, PA 19612-6052 Number Street City State Zip Code	Last 4 digits of account number 0848	\$684.00
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Student loans		
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify Medical Bill		

4.5
9

Reading Health System Nonpriority Creditor's Name P.O. Box 16052 Reading, PA 19612-6052 Number Street City State Zip Code	Last 4 digits of account number 6683	\$4,997.00
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Student loans		
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify Medical Bill		

4.6
0

Reading Health System Nonpriority Creditor's Name P.O. Box 16052 Reading, PA 19612-6052 Number Street City State Zip Code	Last 4 digits of account number 3866	\$1,028.00
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Student loans		
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify Medical Bill		

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.6 1 Reading Health System Nonpriority Creditor's Name P.O. Box 16052 Reading, PA 19612-6052 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6715 When was the debt incurred? 1/2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$1,576.00
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4.6 2 Reading Health System Nonpriority Creditor's Name P.O. Box 70894 Philadelphia, PA 19176-5894 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7742 When was the debt incurred? 1/2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$947.00
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4.6 3 Reading Health System Nonpriority Creditor's Name P.O. Box 16052 Reading, PA 19612-6052 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9800 When was the debt incurred? 1/2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$598.00
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Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.6 4 Reading Health System Nonpriority Creditor's Name P.O. Box 16052 Reading, PA 19612-6052 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7833 When was the debt incurred? 1/2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$1,217.00
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4.6 5 Reading Health System Nonpriority Creditor's Name P.O. Box 16052 Reading, PA 19612-6052 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 4868 When was the debt incurred? 2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$3,619.00
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4.6 6 Reading Health System Nonpriority Creditor's Name P.O. Box 70894 Philadelphia, PA 19176-5894 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 4701 When was the debt incurred? 2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$6,420.00
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Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.6 7	Reading Health System Nonpriority Creditor's Name P.O. Box 70894 Philadelphia, PA 19176-5894 Number Street City State Zip Code	Last 4 digits of account number 8486	\$1,221.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			

4.6 8	Reading Health Systems Nonpriority Creditor's Name P.O. Box 70894 Philadelphia, PA 19176-5894 Number Street City State Zip Code	Last 4 digits of account number 9510	\$1,101.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			

4.6 9	Reading Health Systems Nonpriority Creditor's Name 121 NE Jefferson St Suite 100 Peoria, IL 61602 Number Street City State Zip Code	Last 4 digits of account number 8354	\$654.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.7 0	Reading Hosp. & Med. Center Nonpriority Creditor's Name P.O. Box 16051 Reading, PA 19608 Number Street City State Zip Code	Last 4 digits of account number 6366	\$502.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			

4.7 1	Reading Hosp. & Med. Center Nonpriority Creditor's Name P.O. Box 16051 Reading, PA 19608 Number Street City State Zip Code	Last 4 digits of account number 3388	\$1,378.02
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			

4.7 2	Reading Hosp. & Med. Center Nonpriority Creditor's Name P.O. Box 12872 Philadelphia, PA 19176-0872 Number Street City State Zip Code	Last 4 digits of account number 5786	\$150.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.7 3	Reading Hospital & Med Center Nonpriority Creditor's Name P.O. Box 12872 Philadelphia, PA 19176-0872 Number Street City State Zip Code	Last 4 digits of account number 8856	\$592.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			
<hr/>			
4.7 4	Reading Hospital & Med Center Nonpriority Creditor's Name P.O. Box 12872 Philadelphia, PA 19176-0872 Number Street City State Zip Code	Last 4 digits of account number 4224	\$516.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			
<hr/>			
4.7 5	Reading Hospital & Med Center Nonpriority Creditor's Name P.O. Box 12872 Philadelphia, PA 19176-0872 Number Street City State Zip Code	Last 4 digits of account number 0839	\$1,504.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

**4.7
6**

Reading Hospital & Med Center Nonpriority Creditor's Name P.O. Box 12872 Philadelphia, PA 19176-0872 Number Street City State Zip Code	Last 4 digits of account number 7452	\$ 1,502.95
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Student loans	
<input type="checkbox"/> Yes	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify Medical Bill	

**4.7
7**

Reading Hospital & Med Center Nonpriority Creditor's Name P.O. Box 12872 Philadelphia, PA 19176-0872 Number Street City State Zip Code	Last 4 digits of account number 5614	\$ 538.00
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Student loans	
<input type="checkbox"/> Yes	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify Medical Bill	

**4.7
8**

Reading Hospital Medical Group Nonpriority Creditor's Name P.O. Box 70884 Philadelphia, PA 19176-5884 Number Street City State Zip Code	Last 4 digits of account number 0874	\$ 1,291.14
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Student loans	
<input type="checkbox"/> Yes	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify Medical Bill	

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.7 9	<p>Reading Hospital Medical Group Nonpriority Creditor's Name P.O. Box 70884 Philadelphia, PA 19176-5884 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Bill</p>	<p>Last 4 digits of account number 4944</p> <p>When was the debt incurred? 3/10/2016</p> <p>As of the date you file, the claim is: Check all that apply</p>	<p>\$1,235.31</p>
4.8 0	<p>Southwest Credit Nonpriority Creditor's Name 4120 Interntional Pkwy, Ste 1100 Carrollton, TX 75007-1958 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collection Account</p>	<p>Last 4 digits of account number 8379</p> <p>When was the debt incurred? 2016</p> <p>As of the date you file, the claim is: Check all that apply</p>	<p>\$51.31</p>
4.8 1	<p>St Joseph Medical Center Nonpriority Creditor's Name PO BOX 644168 Pittsburgh, PA 15264-4168 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Bil</p>	<p>Last 4 digits of account number 5685</p> <p>When was the debt incurred? 12/1/2015</p> <p>As of the date you file, the claim is: Check all that apply</p>	<p>\$3,180.48</p>

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.8 2	St Joseph Medical Center Nonpriority Creditor's Name PO BOX 644168 Pittsburgh, PA 15264-4168 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1971 When was the debt incurred? 8/17/2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$274.89
4.8 3	Surgical Institute of Reading Nonpriority Creditor's Name 2752 Century Boulevard Reading, PA 19610 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2015 When was the debt incurred? 115218 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$391.00
4.8 4	Trone outdoors Nonpriority Creditor's Name 1345 Abbottstown Pike Hanover, PA 17331 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Trade Debt - Business Advertising	\$600.00

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.8
5

UGI Utilities, Inc. Nonpriority Creditor's Name P.O. Box 13009 Reading, PA 19612-3009 Number Street City State Zip Code	Last 4 digits of account number 5288	\$37.00
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify Past due Utility		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.8
6

UGI Utilities, Inc. Nonpriority Creditor's Name P.O. Box 13009 Reading, PA 19612-3009 Number Street City State Zip Code	Last 4 digits of account number	\$0.00
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify Unsecured		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.8
7

Weed Man Of Chester County Nonpriority Creditor's Name 510 E. Barnard St West Chester, PA 19382 Number Street City State Zip Code	Last 4 digits of account number 4786	\$264.00
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify Unsecured		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-103354.8
8**Wells Fargo Bank, N.A.**

Nonpriority Creditor's Name

**3476 Stateview Blvd.
Fort Mill, SC 29715**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Business Overdrafted Bank Account**

Last 4 digits of account number

3802**\$1,520.38**

When was the debt incurred?

2015

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Business Overdrafted Bank Account**4.8
9**West Reading Radiology**

Nonpriority Creditor's Name

**2 Meridian Blvd 2nd Fl
Reading, PA 19610**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Medical Bill**

Last 4 digits of account number

0070**\$180.00**

When was the debt incurred?

1/7/2016

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical Bill**4.9
0**West Reading Radiology**

Nonpriority Creditor's Name

**PO BOX 371863
Pittsburgh, PA 15250-7863**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Medical Bill**

Last 4 digits of account number

6727**\$27.00**

When was the debt incurred?

6/24/2016

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical Bill**

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-103354.9
1**West Reading Radiology Assoc.**

Nonpriority Creditor's Name

2 Meridian Blvd.**2nd Floor****Reading, PA 19610**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

2038**\$94.00**

When was the debt incurred?

2010**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Medical Bill4.9
2**West Reading Radiology Assoc.**

Nonpriority Creditor's Name

2 Meridian Blvd.**2nd Floor****Reading, PA 19610**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

3711**\$90.00**

When was the debt incurred?

2015**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Medical Bill4.9
3**West Reading Radiology Assoc.**

Nonpriority Creditor's Name

2 Meridian Blvd.**2nd Floor****Reading, PA 19610**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

8967**\$114.00**

When was the debt incurred?

8/2012**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Medical Bill

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.9 4	West Reading Radiology Assoc. Nonpriority Creditor's Name 2 Meridian Blvd. 2nd Floor Reading, PA 19610 Number Street City State Zip Code	Last 4 digits of account number 8701	\$247.00
Who incurred the debt? Check one.		When was the debt incurred? 8/2012	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.9 5	West Reading Radiology Assoc. Nonpriority Creditor's Name 2 Meridian Blvd. 2nd Floor Reading, PA 19610 Number Street City State Zip Code	Last 4 digits of account number 8232	\$54.00
Who incurred the debt? Check one.		When was the debt incurred? 2/2012	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.9 6	West Reading Radiology Assoc. Nonpriority Creditor's Name 2 Meridian Blvd. 2nd Floor Reading, PA 19610 Number Street City State Zip Code	Last 4 digits of account number 2687	\$2,687.00
Who incurred the debt? Check one.		When was the debt incurred? 2/2012	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

4.9 7	West Reading Radiology Assoc. Nonpriority Creditor's Name 2 Meridian Blvd. 2nd Floor Reading, PA 19610 Number Street City State Zip Code	Last 4 digits of account number 3060	\$91.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? 10/2013	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill		
4.9 8	West Reading Radiology Assoc. Nonpriority Creditor's Name 2 Meridian Blvd. 2nd Floor Reading, PA 19610 Number Street City State Zip Code	Last 4 digits of account number 7242	\$280.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? 11/2014	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill		
4.9 9	West Reading Radiology Assoc. Nonpriority Creditor's Name 2 Meridian Blvd. 2nd Floor Reading, PA 19610 Number Street City State Zip Code	Last 4 digits of account number 7309	\$252.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? 11/2014	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill		

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

**4.1
00**

West Reading Radiology Assoc. Nonpriority Creditor's Name 2 Meridian Blvd. 2nd Floor Reading, PA 19610	Last 4 digits of account number 7777	\$ 98.00
Number Street City State Zip Code	When was the debt incurred? 11/2014	
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify Medical Bill		

**4.1
01**

West Reading Radiology Assoc. Nonpriority Creditor's Name 2 Meridian Blvd. 2nd Floor Reading, PA 19610	Last 4 digits of account number 7241	\$ 83.00
Number Street City State Zip Code	When was the debt incurred? 10/29/2015	
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify Medical Bill		

**4.1
02**

West Reading Radiology Assoc. Nonpriority Creditor's Name 2 Meridian Blvd. 2nd Floor Reading, PA 19610	Last 4 digits of account number 4291	\$ 49.00
Number Street City State Zip Code	When was the debt incurred? 12/31/2015	
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify Medical Bill		

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

**4.1
03**

West Reading Radiology Assoc. Nonpriority Creditor's Name 2 Meridian Blvd. 2nd Floor Reading, PA 19610 Number Street City State Zip Code	Last 4 digits of account number 7310	\$252.00
Who incurred the debt? Check one.	When was the debt incurred? 11/2014	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	

**4.1
04**

Whynotleaseit Nonpriority Creditor's Name 1750 Elm Street Suite 1200 Manchester, NH 03104 Number Street City State Zip Code	Last 4 digits of account number	\$1,000.00
Who incurred the debt? Check one.	When was the debt incurred?	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
Account Resolution Service
1643 North Harrison Pkwy, Ste 100
Fort Lauderdale, FL 33323

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.21 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
AFNI
1310 Martin Luther King Drive
PO BOX 3517
Bloomington, IL 61702-3517

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Apex Asset Management
1286 Carmichael Way
Montgomery, AL 36106-3645

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.29 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

Name and Address

**Arcadia Recovery Bureau
645 Penn St
Reading, PA 19601**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.83 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**ARS National Services Inc.
PO BOX 469046
Escondido, CA 92046-9046**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**ARS National Services Inc.
PO BOX 469046
Escondido, CA 92046-9046**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Berks Credit & Collections
PO BOX 329
Temple, PA 19560**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Berks Credit & Collections
P.O. Box 329
Temple, PA 19560**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Berks Credit & Collections
PO BOX 329
Temple, PA 19560-0329**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.34 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Berks Credit & Collections
P.O. Box 329
Temple, PA 19560**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.35 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Capital One Service, LLC
PO BOX 30285
Salt Lake City, UT 84130-0285**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Convergent HC Recoveries
121 NE Jefferson St
Ste 100
Peoria, IL 61602**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.74 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Convergent HC Recoveries
121 NE Jefferson St
Ste 100
Peoria, IL 61602**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.62 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Convergent HC Recoveries
121 NE Jefferson St
Ste 100
Peoria, IL 61602**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.79 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335Name and Address
Convergent HC Recoveries
121 NE Jefferson St
Ste 100
Peoria, IL 61602On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.67** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Convergent HC Recoveries
121 NE Jefferson St
Ste 100
Peoria, IL 61602On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.77** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.41** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.43** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.48** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.49** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.50** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.51** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.52** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.53** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

Last 4 digits of account number

Name and Address

Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.54** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.68** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.55** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.56** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.57** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.69** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.58** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.59** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.60** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.73** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335**Peoria, IL 61602**

Last 4 digits of account number

Name and Address
Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.63** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.64** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.65** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.75** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.76** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.78** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Convergent Healthcare Inc.
121 NE Jefferson St
Ste 100
Peoria, IL 61602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.72** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Drect Loan Svc System
PO BOX 5609
Greenville, TX 75403-5609

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
EOS CCA
PO BOX 981008
Boston, MA 02298

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
General Service Bureau Inc
PO BOX 641579
Omaha, NE 68164-7579

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.81** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

Name and Address Immediate Credit Recovery, Inc. US Department of Education PO BOX 105081 Atlanta, GA 30348-5081	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.18</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Immediate Credit Recovery, Inc. PO BOX 965156 Marietta, GA 30062	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.18</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Keystone Credit Services LLC PO BOX 218 Leola, PA 17540-0218	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.87</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address National Recovery Agency 2491 Paxton Street Harrisburg, PA 17111	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.93</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address National Recovery Agency 2491 Paxton Street Harrisburg, PA 17111	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.94</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address National Recovery Agency 2491 Paxton Street Harrisburg, PA 17111	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.95</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address National Recovery Agency 2491 Paxton Street Harrisburg, PA 17111	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.101</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address National Recovery Agency 2491 Paxton Street Harrisburg, PA 17111	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.102</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address National Recovery Agency 2491 Paxton Street Harrisburg, PA 17111	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.103</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address NTL Recovery Agency 2491 Paxton Street Harrisburg, PA 17111	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.91</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address NTL Recovery Agency 2491 Paxton Street Harrisburg, PA 17111	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.26</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335**NTL Recovery Agency
2491 Paxton Street
Harrisburg, PA 17111**Line **4.92** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**NTL Recovery Agency
2491 Paxton Street
Harrisburg, PA 17111**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.96** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**NTL Recovery Agency
2491 Paxton Street
Harrisburg, PA 17111**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.97** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**NTL Recovery Agency
2491 Paxton Street
Harrisburg, PA 17111**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.98** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**NTL Recovery Agency
2491 Paxton Street
Harrisburg, PA 17111**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.99** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**NTL Recovery Agency
2491 Paxton Street
Harrisburg, PA 17111**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.100** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**PA Department of Revenue
Reading District Office
624 Cherry St Ste 239
Reading, PA 19602-1152**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.9** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Portfolio Recovery Associates LLC
120 Corporate Blvd.
Norfolk, VA 23502**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Torres Credit Services
27 Fairview Street
Suite 301
Carlisle, PA 17015**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.85** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Torres Credit Services
27 Fairview Street
Suite 301
Carlisle, PA 17015**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Trojan Professional Serv
PO BOX 1270
Los Alamitos, CA 90720-1270**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	Total Claim
	6a. Domestic support obligations 6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government 6b. \$ 14,773.90
	6c. Claims for death or personal injury while you were intoxicated 6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 0.00
	6e. Total Priority. Add lines 6a through 6d. 6e. \$ 14,773.90
Total claims from Part 2	Total Claim
	6f. Student loans 6f. \$ 75,547.72
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts 6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6i. \$ 102,065.25
	6j. Total Nonpriority. Add lines 6f through 6i. 6j. \$ 177,612.97

Fill in this information to identify your case:

Debtor 1	Charles J. Kogut		
	First Name	Middle Name	Last Name
Debtor 2	Edie M. Kogut		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF PENNSYLVANIA		
Case number (if known)	17-10335		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**
 No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Samantha Guido 522 Snyder Road Reading, PA 19610	Lease for premises located at 3503 Chestnut Street - \$1,100.00 per month - year lease

Fill in this information to identify your case:

Debtor 1	Charles J. Kogut		
	First Name	Middle Name	Last Name
Debtor 2	Edie M. Kogut		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF PENNSYLVANIA		
Case number (if known)	17-10335		

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 Edith Moyer
12 Montrose Blvd.
Reading, PA 19607

Schedule D, line 2.2
 Schedule E/F, line _____
 Schedule G _____
Santander Consumer USA Inc.

3.2 Shingle Shiners LLC
3503 Chestnut Street
Reading, PA 19605

Schedule D, line _____
 Schedule E/F, line 4.88
 Schedule G _____
Wells Fargo Bank, N.A.

3.3 Shingle Shiners LLC
3503 Chestnut Street
Reading, PA 19605

Schedule D, line _____
 Schedule E/F, line 4.6
 Schedule G _____
Capital One Bank USA NA

Debtor 1 **Charles J. Kogut**
Edie M. Kogut

Case number (if known) **17-10335**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.4 **Shingle Shiners LLC**
3503 Chestnut Street
Reading, PA 19605

Schedule D, line _____
 Schedule E/F, line **4.30**
 Schedule G _____
Kapp Advertising Service

3.5 **Shingle Shiners LLC**
3503 Chestnut Street
Reading, PA 19605

Schedule D, line _____
 Schedule E/F, line **4.10**
 Schedule G _____
Citizens Bank

3.6 **Shingle Shiners LLC**
3503 Chestnut Street
Reading, PA 19605

Schedule D, line _____
 Schedule E/F, line **4.1**
 Schedule G _____
ABC

3.7 **Shingle Shiners LLC**
3503 Chestnut Street
Reading, PA 19605

Schedule D, line _____
 Schedule E/F, line **4.23**
 Schedule G _____
Fisher Rental

3.8 **Shingle Shiners LLC**
3503 Chestnut Street
Reading, PA 19605

Schedule D, line _____
 Schedule E/F, line **4.32**
 Schedule G _____
Lamar Advertising Company

3.9 **Shingle Shiners LLC**
3503 Chestnut Street
Reading, PA 19605

Schedule D, line _____
 Schedule E/F, line **4.84**
 Schedule G _____
Trone outdoors

3.10 **Shingle Shiners LLC**
3503 Chestnut Street
Reading, PA 19605

Schedule D, line _____
 Schedule E/F, line **4.14**
 Schedule G _____
Department of Labor

Charles J. Kogut
Debtor 1 Edie M. Kogut

Case number (if known) **17-10335**

Additional Page to List More Codebtors

Column 1: Your codebtor

3.11 **Shingle Shiners LLC**
3503 Chestnut Street
Reading, PA 19605

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

Schedule D, line _____
 Schedule E/F, line **4.15**
 Schedule G _____
Department of Labor

Fill in this information to identify your case:

Debtor 1	Charles J. Kogut
Debtor 2 (Spouse, if filing)	Edie M. Kogut
United States Bankruptcy Court for the:	EASTERN DISTRICT OF PENNSYLVANIA
Case number (if known)	17-10335

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Laborer - Laid Off	Customer Service
Employer's name	Allan Myers	Comcast
Employer's address		

How long employed there? **8 months** **2 yrs 6 months**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 0.00	\$ 4,768.96
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross Income. Add line 2 + line 3.	4. \$ 0.00	\$ 4,768.96

Debtor 1 **Charles J. Kogut**
 Debtor 2 **Edie M. Kogut**

Case number (if known)

17-10335

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse	
4.	\$ 0.00	\$ 4,768.96	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 387.44	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 286.98	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00	
5e. Insurance	5e. \$ 0.00	\$ 160.38	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 0.00	\$ 0.00	
5h. Other deductions. Specify: <u>Life LTD</u> <u>HCR Account - Wage Works</u>	5h.+ \$ 0.00	+ \$ 20.78	
	\$ 0.00	\$ 15.56	
	\$ 0.00	\$ 90.20	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 961.34	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 3,807.62	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00	
8h. Other monthly income. Specify: <u>Unemployment (Net)</u>	8h.+ \$ 1,960.00	+ \$ 0.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 1,960.00	\$ 0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,960.00	+ \$ 3,807.62	= \$ 5,767.62
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 5,767.62		Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	Charles J. Kogut
Debtor 2	Edie M. Kogut
(Spouse, if filing)	
United States Bankruptcy Court for the:	EASTERN DISTRICT OF PENNSYLVANIA
Case number	17-10335
(If known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes. Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
the value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **1,100.00**

Your expenses

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	0.00
4b. \$	30.00
4c. \$	100.00
4d. \$	0.00
5. \$	0.00

Debtor 1 **Charles J. Kogut**
 Debtor 2 **Edie M. Kogut**

Case number (if known) **17-10335**

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ 400.00
	6b. Water, sewer, garbage collection	6b. \$ 0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 350.00
	6d. Other. Specify: Oil	6d. \$ 100.00
7. Food and housekeeping supplies	7. \$ 580.00	
8. Childcare and children's education costs	8. \$ 0.00	
9. Clothing, laundry, and dry cleaning	9. \$ 140.00	
10. Personal care products and services	10. \$ 60.00	
11. Medical and dental expenses	11. \$ 100.00	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 470.00	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 200.00	
14. Charitable contributions and religious donations	14. \$ 20.00	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ 0.00	
15b. Health insurance	15b. \$ 0.00	
15c. Vehicle insurance	15c. \$ 175.00	
15d. Other insurance. Specify:	15d. \$ 0.00	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Wife - estimated increased tax withholding	16. \$ 400.00	
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$ 340.00	
17b. Car payments for Vehicle 2	17b. \$ 300.00	
17c. Other. Specify:	17c. \$ 0.00	
17d. Other. Specify:	17d. \$ 0.00	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 0.00	
19. Other payments you make to support others who do not live with you. Specify:	\$ 0.00	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ 0.00	
20b. Real estate taxes	20b. \$ 0.00	
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00	
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00	
20e. Homeowner's association or condominium dues	20e. \$ 0.00	
21. Other: Specify: Cigarettes	21. +\$ 196.00	
ATM/Bank Fees	+\$ 22.50	
Husband - Meals out/On the Road	+\$ 350.00	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ 5,433.50	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ 5,433.50	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ 5,433.50	
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ 5,767.62	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 5,433.50	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ 334.12	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1	Charles J. Kogut		
	First Name	Middle Name	Last Name
Debtor 2	Edie M. Kogut		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF PENNSYLVANIA		
Case number (if known)	17-10335		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Charles J. Kogut

Charles J. Kogut
Signature of Debtor 1

Date January 30, 2017

X /s/ Edie M. Kogut

Edie M. Kogut
Signature of Debtor 2

Date January 30, 2017

Fill in this information to identify your case:

Debtor 1	Charles J. Kogut		
	First Name	Middle Name	Last Name
Debtor 2	Edie M. Kogut		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF PENNSYLVANIA		
Case number (if known)	<u>17-10335</u>		

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

149 Huyett Street
Mohnton, PA 19540

Dates Debtor 1 lived there

From-To:
2013-2016

Debtor 2 Prior Address:

Same as Debtor 1

Dates Debtor 2 lived there

Same as Debtor 1
From-To:

287 Molasses Hill Road
Bernville, PA 19506

From-To:
5/2016-9/2016

Same as Debtor 1

Same as Debtor 1
From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

Debtor 1	Gross income (before deductions and exclusions)	Debtor 2	Gross income (before deductions and exclusions)
Sources of income Check all that apply.		Sources of income Check all that apply.	

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**Case number (if known) **17-10335**

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$1,348.07
For last calendar year: (January 1 to December 31, 2016)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$5,661.31	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$53,357.08
For the calendar year before that: (January 1 to December 31, 2015)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$18,072.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$52,705.48

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No
 Yes. Fill in the details.

	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		\$0.00		
For last calendar year: (January 1 to December 31, 2016)		\$0.00	Pension Distribution	\$4,600.00
For the calendar year before that: (January 1 to December 31, 2015)		\$0.00	Pension Distribution	\$264.00

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

No. Go to line 7.
 Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**Case number (if known) **17-10335****■ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

 No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Santander Consumer USA Inc. Attention: Bankruptcy Dept. PO BOX 560284 Dallas, TX 75356-0284	30th of each month	\$1,020.00	\$15,424.89	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Samantha Guido 522 Snyder Road Reading, PA 19610	1st of each month	\$3,300.00	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Rental Lease</u>

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
---------------------------	--------------------	-----------------	--------------------

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**Case number (if known) **17-10335**

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
Immediate Credit Recovery, Inc. US Department of Education PO BOX 105081 Atlanta, GA 30348-5081	garnishment for delinquent student loans	11/25/2016	\$422.87

Property was repossessed.
 Property was foreclosed.
 Property was garnished.
 Property was attached, seized or levied.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Charity's Name	Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
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Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
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Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**Case number (if known) **17-10335****Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Lau & Associates, P.C. 4228 St. Lawrence Avenue Reading, PA 19606 shawn_lau@msn.com	Attorney Fees + Court Filing Fee	11/25/2016	\$1,535.00
CC Advising, Inc. 703 Washington Ave. Suite 200 Bay City, MI 48708 https://ccadvising.com	Credit Counseling Certificate	1/06/2017	\$19.52

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

 No Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

 No Yes. Fill in the details.

Person Who Received Transfer	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Private Sale N/A	Dump Truck	\$1,000.00	10/2016

None

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

 No Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

Debtor 1 **Charles J. Kogut**
 Debtor 2 **Edie M. Kogut**

Case number (*if known*) **17-10335**

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**Case number (*if known*) **17-10335****25. Have you notified any governmental unit of any release of hazardous material?**

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
Shingle Shiners LLC 149 Huyett Street Mohnton, PA 19540	Rood and Siding Cleaner Karen Galitz Galitz Associates 431 Windspread Court Reading, PA 19606	Dates business existed EIN: 46-2950363 From-To 2013-2015

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
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Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Charles J. Kogut
Charles J. Kogut
 Signature of Debtor 1

Date **January 30, 2017**

/s/ Edie M. Kogut
Edie M. Kogut
 Signature of Debtor 2

Date **January 30, 2017**

Debtor 1 **Charles J. Kogut**
Debtor 2 **Edie M. Kogut**

Case number (if known) **17-10335**

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).